



CITY OF LOUISVILLE
FINANCE DEPARTMENT
Utility Billing
749 Main Street
Louisville, CO 80027
(303)666-6565, extension 101

AUTHORIZATION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER ~ BANK

I hereby authorize and request the City of Louisville (CITY) to receive payment of amounts owed by me for utility charges to CITY on or after the due date by initiating debit entries to my account at the Banking Institution (BANK) indicated below. I hereby authorize and request BANK to accept any debit entries initiated by CITY and to debit the same to my account without liability for the correctness of entries.

Utility Billing Account Number			
Customer Name			
Service Address			
Mailing Address			
City	State	Zip Code	Daytime Phone No.

It is understood and agreed that I may terminate this Agreement at any time upon five (5) business days prior written notice to CITY. Notification to CITY shall be effective upon receipt.

If an erroneous debit is made to my account I authorize CITY and BANK to stop payment, reverse the entry or make any adjustments necessary to my account to correct the erroneous entry.

Customer Signature

Date

Please check the bank account you want charged: ☐ Checking Account ☐ Savings Account

Please return this form with a voided check to the address noted above.

DO NOT WRITE BELOW LINE

FOR CITY OF LOUISVILLE USE ONLY

Banking Institution _____

Transit / ABA # _____

Cycle _____

Bank Account # _____

Customer Number _____